

# CALIFORNIA'S PUBLIC BIRTH, DEATH, AND MARRIAGE INDEX FILES

## ORDERING INSTRUCTIONS

The California Public Birth, Death, and Marriage Indices are available on CD-ROM, pursuant to Health and Safety Code 102230(b). These text files are comma delimited for ease in uploading to a database package. The cost of the files is \$10 per year of data.

### The Birth Index Files have 6 information items and are available for 1905 to 2004:

- |                         |                                     |
|-------------------------|-------------------------------------|
| 1. Last Name of Child   | 4. Date of Birth                    |
| 2. First Name of Child  | 5. Sex of Child                     |
| 3. Middle Name of Child | 6. Place of Birth (County of Birth) |

### The Death Index Files have 9 information items and are available from 1905 to 2004:

- |                            |   |
|----------------------------|---|
| 1. Last Name of Decedent   | 6. Place of Birth (Country or State of Birth) |
| 2. First Name of Decedent  | 7. Place of Death (County of Death)           |
| 3. Middle Name of Decedent | 8. Date of Death                              |
| 4. Sex of Decedent         | 9. Father's Last Name                         |
| 5. Date of Birth           |   |

### The Marriage Index Files have 13 information items and are available from 1960 to 1985:

- |                            |                               |
|----------------------------|-------------------------------|
| 1. Last Name of Groom      | 8. Age of Groom               |
| 2. First Name of Groom     | 9. Age of Bride               |
| 3. Middle Initial of Groom | 10. Date of Marriage          |
| 4. Last Name of Bride      | 11. County of Issuing License |
| 5. First Name of Bride     | 12. Local Registrar's Number  |
| 6. Middle Initial of Bride | 13. State File Number         |
| 7. County of Marriage      |                               |

### **To purchase copies of the indices, please follow these instructions:**

- Complete the attached order form. Specify the years you require and calculate the total cost.
- Please include a description of the proposed use(s) of the indices.
- Please read the agreement carefully and sign where indicated on the second page of the application. (Note that this signature is provided under penalty of perjury).
- Notarized proof of identity is required for the person signing the agreement. Space for notarization is provided on the second page of the application.
- Please see the next page for payment and mailing instructions.

# **CALIFORNIA'S PUBLIC BIRTH, DEATH, AND MARRIAGE INDEX FILES**

## **PAYMENT AND MAILING INSTRUCTIONS**

Please enclose your **check or money order** made payable to:  
California Department of Public Health.

**We cannot accept credit cards or send files via a purchase order.**

**Payment must be received before files are released.**

**Federal Taxpayer ID Number: 94-6001347**

If an invoice is needed in order to process a check, please contact the Office of  
Health Information and Research below.

The cost of the Index Files is \$10 per year of data.

- **Please do not mail checks or money orders without a copy of the application or an invoice. Checks sent without proper backup may result in a significant delay in processing the request.**

Please mail the completed application materials and payment to:

California Department of Public Health  
Office of Health Information and Research  
**Attn: Laurie Smith-Giles, Research Analyst II**  
P.O. Box 997410, MS 5103  
Sacramento, CA 95899-7410

Phone: (916) 552-8095      Fax: (916) 650-6889

E-Mail: [Lsmithgi@dhs.ca.gov](mailto:Lsmithgi@dhs.ca.gov)

**Fed-Ex Deliveries:** Fed-Ex deliveries are not accepted using the P.O. Box above. If you would like to Fed-Ex your completed application and payment, please call or e-mail for the physical location. If you would like the CDs delivered via Fed-Ex, you must supply your Fed-Ex account number or a credit card billing number.

# ORDER FORM

## CALIFORNIA'S PUBLIC BIRTH, DEATH, AND MARRIAGE INDEX FILES

Name:		Date:	
Title:	Organization:		
Street Address:		City:	
State:	Zip Code:	Phone:	Fax:
E-Mail:			

Files:	Years Requested	Total Cost
<input type="checkbox"/> BIRTH INDEX FILES:	Cost of Files: <b>\$10 Per Year.</b> Years Available: <b>1905 to 2004.</b> Please indicate the year or years requested: _____ to _____	\$
<input type="checkbox"/> DEATH INDEX FILES:	Cost of Files: <b>\$10 Per Year.</b> Years Available: <b>1905 to 2004.</b> Please indicate the year or years requested: _____ to _____	\$
<input type="checkbox"/> MARRIAGE INDEX FILES:	Cost of Files: <b>\$10 Per Year.</b> Years Available: <b>1960 to 1985.</b> Please indicate the year or years requested: _____ to _____	\$
<b>Total Enclosed (No Tax, Shipping, or Handling Fees)</b>		<b>\$</b>

### DISCLAIMER

Index data, prepared pursuant to Health and Safety Code section 102230, may not be accurate or complete due to a variety of circumstances, including amendments to the legal records that may have been filed after the production of the indices. Indices are not legal records and should not be used as substitutes for the legal records from which they were derived.

**Intended Use of Indices (Attach additional sheets if necessary)**

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**ORDER FORM**  
**CALIFORNIA'S PUBLIC BIRTH, DEATH, AND MARRIAGE INDEX FILES**

**California Public Index Access Agreement (Signature Required)**

I, the undersigned, under penalty of perjury under the laws of the State of California, agree to the following:

1. I will not sell, assign, release, or otherwise transfer the indices or any portion thereof.
2. I will not post the indices or portions thereof on the Internet.
3. I understand that any analyses, interpretations, or conclusions reached regarding the indices are mine and not those of the California Department of Public Health.
4. Technical descriptions of the data that I make will be consistent with those provided by the California Department of Public Health.
5. I will not use these indices, or any portion thereof, for fraudulent purposes.

User's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Certificate of Acknowledgement**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_,

- ☐ personally known to me, or
- ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.  
(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE

**Center for Health Statistics (CHS) Use Only**

**CHS Rev. Code: 142500-05-84306-4835**

CHS  
Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Application Complete: \_\_\_\_\_

State Registrar, Chief, Center for Health Statistics, Department of Public Health